	and the same of th	
PLEASE TYPE OR	PRINT	Entered previous May Show
		☐ yes   no
☐ Ms. Mr. Artist Ph	ilip J.	Kleinhenz
		(Last Name Last)
Address 7566	Oak H	ill Dr. Chesterlano
44026 Street	Tel. (216)	729-4021
Zip	Area Code	
Temporary or Studio Address		
Stre	et	City
	Tel. ( )	
Zip	Area Code	
If you do not presen	ntly live in o	ne of the counties of the
		were you born in?
Collaborator		
	(If Any)	
If May Show entries	are not acc	epted or not sold:
Artist will pick	up at Museu	ım.
☐ Museum should	dispose of.	
☐ Museum should	ship to artis	st C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information,

Signature Philip J. Kleinhensy

DO NOT DETACH